



FOR OFFICIAL USE

Date of receipt:

**APPLICATION FORM FOR A NIGHT RATING (AEROPLANES, AIRSHIPS, BALLOONS & HELICOPTERS)**

Please complete in **BLOCK CAPITALS** using black or dark blue ink.

**FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

**1. APPLICANT DETAILS**

Cyprus DCA Ref. Number: <input type="text"/>	
Surname:	Forename(s):
Date of Birth:	Nationality:
Town of Birth:	Country of Birth:
Permanent Address:	
Telephone:	Mobile telephone:
e-mail:	
Address for Correspondence (if different from above):	

**2. MEDICAL FITNESS**

State of Issue	Class of Medical Certificate held	Date of last Medical	DCA use only

Note: Your Medical Certificate must be valid on the licence issue date. If your medical certificate is due to expire within 14 days after the date of application for licence issue, please complete the following:

My medical examination will take place at: ..... on: .....

A licence will not be issued to any person unless their medical records supporting their Part-MED medical certificate are held by an Aeromedical Centre located in Cyprus. European Commission Regulation (EU) No.1178/2011 as amended, requires that an individual has all of their licences administered by the National Aviation Authority that holds their medical records (Part-MED.A.030 and Part-FCL.015).

3. FLYING EXPERIENCE (as per Part FCL.810)					
	Completed flight experience				DCA Use Only
	Aeroplanes	Airships	Balloons	Helicopters	
Dual instruction at night ( <i>at least 3 hrs -for balloons at least 2 hrs only</i> )					
Dual cross-country instruction at night of at least 50km (27nm) ( <i>at least 1 hr</i> )					
Dual cross-country instruction at night ( <i>at least 1 hr</i> )					
Dual instruction in instrument flying ( <i>min 10 hrs</i> )					
Total experience of pilot of helicopters (after PPL(H) licence issue) ( <i>as per FCL.810(b)(1)</i> )					
Cross-country flight time as pilot of helicopters (after PPL(H) licence issue) ( <i>at least 1 hr</i> )					
5 solo take-offs and 5 solo full-stop landings					
5 solo night circuits					
<b>Total Hours at Night</b>					

4. NIGHT RATING COURSE CERTIFICATE (tick as appropriate)	
I certify that (name) .....has satisfactorily completed a course of training for:	
Night Rating (A) <input type="checkbox"/>	Night Rating (H) <input type="checkbox"/> Night Rating (As) <input type="checkbox"/>
Night Rating (B) <input type="checkbox"/>	in accordance with Part-FCL.810.
Date course started: ..... Date course completed: .....	
Approved Training Organisation (ATO): ..... ATO Approval No.....	
Competent Authority issuing approval: .....	
Name of Head of Training: .....	
Signature (Head of Training): ..... Date: .....	
<b>PLEASE REFER TO FALSE REPRESENTATION STATEMENT ON PAGE 1</b>	

5. PAYMENT METHOD
Please complete and submit form LIC/ACC/01. Applicable Fees and Charges are published at DCA official website.

**6. DECLARATION (see guidance note)**

I declare that the information on this form is correct, and that:

- (a) Any incorrect information could disqualify me from being granted a personnel license,
- (b) I'm not holding any personnel license in the same category issued in another Member State,
- (c) I have not applied for any personnel license in the same category in another Member State, and
- (d) I have never held any personnel license in the same category issued in another Member State which was revoked or suspended in any other Member State.

I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Signature of Applicant ..... Date .....

**7. SUBMISSION INSTRUCTIONS**

Send your completed application form to:  
Cyprus Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus

For this application the following additional information is required to be provided:

	Tick submitted documents	DCA Use only
Original of Part- License	<input type="checkbox"/>	
Copy of a valid Medical Certificate issued in accordance with Part-MED (Validity date must be sufficient to cover the anticipated license issue date);	<input type="checkbox"/>	
Evidence of identity. (Current passport, Birth Certificate or Identity card);	<input type="checkbox"/>	
Original Flying Log Books	<input type="checkbox"/>	
Additionally, if training and/or testing has taken place outside of Cyprus		
Copy of the ATO approval certificate	<input type="checkbox"/>	

**Please note that failure to submit all of the required documentation may lead to a delay in the processing of your application.**

**How to contact us if you have a query**  
If you are unable to find the information you require please contact our Licensing team on +35722404126/+35722404128 or email at [eld@dca.mcw.gov.cy](mailto:eld@dca.mcw.gov.cy)

**8. DCA USE ONLY**

Enclosures/Remarks	
Checked by:	Signed: